

## CONTRACT AWARD SHEET Internal Services Department Procurement Management Services

Bid No. 8909-0/18
Award Sheet

DIVISION

BID NO.: 8909-0/18 PREVIOUS BID NO.: 8209-4/12-4

TITLE: LATEX/NITRILE GLOVES

CURRENT CONTRACT PERIOD: 11/01/2012 through 10/31/2017

Total # of OTRs: 0

# **MODIFICATION HISTORY**

Bid No.	8909-0/18	Award Sheet	
	DPM Note	<u>s</u>	
	APPLICABLE ORDI	NANCES	
LIVING WAGE: No OTHER APPLICABLE ORDINANCES:	UAP: Yes	IG: No	-
CONTRACT AWARD INFORMATION:			
No Local Preference No Small Business Enterprise (SBE) Miscellaneous:	Micro Enterprise PTP Funds	Full Federal Funding Partial Federal Funding	No Performance Bond No Insurance
REQUISITION	NO.:		
PROCUREMENT AGENT: RODRIG PHONE: 305 375-4744 FA	GUE <b>Z, ABELIN</b> X:	EMAIL: ABELIN@I	MIAMIDADE.GOV

VENDOR NAME: FAYCROFT INTERIOR & PURCHASING INC

DBA:

FEIN: 161662138 SUFFIX: 01 33196

STREET: 15037 SW 141ST STREET CITY: MIAMI ST: FL ZIP:

FOB\_TERMS: DEST-P DELIVERY:
PAYMENT TERMS: NET30 TOLL PHONE:

VENDOR INFORMATION:

CERTIFIED VENDOR ASSIGNED MEASURES

Local Vendor: SBE Set Aside Bid Pref.

Micro Ent. Selection Factor Goal

Other: Vendor Record Verified?

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Vendor Contacts:

NamePhone1Phone2FaxEmail AddressNORMA F BANCROFT786-293-6051-786-293-0052FAYCROFT@AOL.COM

VENDOR NAME: BOUND TREE MEDICAL LLC

DBA:

FEIN: 311739487 SUFFIX: 01 43016

STREET: 5200 RINGS ROAD SUITE A CITY: DUBLIN ST: OH ZIP:

FOB TERMS: DEST-P

PAYMENT TERMS: NET30 TOLL PHONE: 800-533-0523

VENDOR INFORMATION:

CERTIFIED VENDOR ASSIGNED MEASURES

Local Vendor: SBE Set Aside Bid Pref.

Micro Ent. Selection Factor Goal

Other: Vendor Record Verified?

DELIVERY:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Vendor Contacts:

NamePhone1Phone2FaxEmail AddressJENNIFER A BUTLER614-760-5032800-533-0523877-311-2437JBUTLER@BOUNDTREE.COM

VENDOR NAME: MAGID GLOVE & SAFETY MFG CO LLC

DBA:

FEIN: 364057654 SUFFIX: 01 60446-1

STREET: 1300 NAPERVILLE DRIVE CITY: ROMEOVILLE ST: IL ZIP:

FOB TERMS: DEST-P DELIVERY:

PAYMENT TERMS: NET30 TOLL PHONE: 800-4448010

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE Set Aside Bid Pref.

Micro Ent. Selection Factor Goal

Other: Vendor Record Verified?

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Vendor Contacts:

 Name
 Phone1
 Phone2
 Fax
 Email Address

 IAN QUAN
 773-2891382
 800-4448010
 773-2899382
 GOVBIDS@MAGIDGLOVE.COM

VENDOR NAME: MIDWEST MEDICAL SUPPLY COMPANY LLC

DBA:

FEIN: 431741196 SUFFIX: 01 6319555

STREET: PO BOX 955588 CITY: ST LOUIS ST: MO ZIP:

FOB TERMS: DEST-P DELIVERY:

PAYMENT TERMS: NET30 TOLL PHONE: 888-540-3232

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: SBE

SBE Set Aside Bid Pref.

Micro Ent. Selection Factor Goal

Other: Vendor Record Verified?

\*\*\*\*\*\*\*\*\*\*\*\*

**Vendor Contacts:** 

Name	Phone1	Phone2	Fax	Email Address
JULIA ONESTO	386-252-9960	888-540-3232	800-545-0065	JULIA.ONESTO@MMSMEDICAL.COM

VENDOR NAME: DISTRICT HEALTHCARE & JANITORIAL SUPPLY

DBA: DISTRICT HEALTHCARE

FEIN: 521755328 SUFFIX: 04 33178

STREET: 10302 NW S RIVER DR BAY # 24 CITY: MEDLEY ST: FL ZIP:

FOB\_TERMS: DEST-P DELIVERY:

PAYMENT TERMS: NET30 TOLL PHONE: -

<u>VENDOR INFORMATION:</u>

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: SBE Set Aside Bid Pref.

Micro Ent. Selection Factor Goal

Other: Vendor Record Verified?

\*\*\*\*\*\*\*\*\*\*\*\*\*

#### **Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
KENNETH HOPKINS -GRAL MGR	305-888-1455	-	305-888-5834	DHCFLA@BELLSOUTH.NET

VENDOR NAME: AMERICAN PURCHASING SERVICES LLC

DBA: AMERICAN MEDICAL DEPOT

FEIN: 592337158 SUFFIX: 02 33054

STREET: 4380 NW 135 STREET CITY: OPA LOCKA ST: FL ZIP:

FOB\_TERMS: DEST-P DELIVERY:

PAYMENT TERMS: 1%15NET30 TOLL PHONE: 800-328-0266

<u>VENDOR INFORMATION:</u>

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: SBE Set Aside Bid Pref.

Micro Ent. Selection Factor Goal

Other: Vendor Record Verified?

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

#### Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
AKHIL K AGRAWAL	305-364-0888	800-328-0266	305-364-0877	AKHIL.AGRAWAL@AMERICAN-DEPO

VENDOR NAME: PALMETTO UNIFORMS INC

DBA:

FEIN: 650098268 SUFFIX: 01 33176

STREET: 8869 SW 131 STREET CITY: MIAMI ST: FL ZIP:

FOB\_TERMS: DEST-P DELIVERY:

PAYMENT TERMS: NET30 TOLL PHONE: 800-252-8568

VENDOR INFORMATION:

CERTIFIED VENDOR ASSIGNED MEASURES

Local Vendor: SBE Set Aside Bid Pref.
Micro Ent. Selection Factor Goal

Other: Vendor Record Verified?

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Vendor Contacts:

NamePhone1Phone2FaxEmail AddressRITA C FEICK305-238-9166800-252-8568305-238-0889RITA@PALMETTOUNIFORMS.COM

VENDOR NAME: TOTAL CONNECTION INC

DBA:

FEIN: 650219770 SUFFIX: 02 33169

STREET: 20451NW 2ND AVENUE #120 CITY: MIAMI ST: FL ZIP:

FOB\_TERMS: DEST-P DELIVERY:

PAYMENT TERMS: NET30 TOLL PHONE: -

VENDOR INFORMATION:

CERTIFIED VENDOR ASSIGNED MEASURES

Local Vendor: SBE Set Aside Bid Pref.

Micro Ent. Selection Factor Goal

Other: Vendor Record Verified?

\*\*\*\*\*\*\*\*\*\*\*\*\*

**Vendor Contacts:** 

Name	Phone1	Phone2	Fax	Email Address
JOSEPH ORUKOTAN-PRESIDENT	305-651-3771	-	305-651-3071	TOTALCONNECTION06@BELLSOUTH.

### ITEMS AWARDED Section:

**Details:** 8909-0/18

See the attached document for styles and prices.

<u>Item # Description</u> <u>Oty Unit\_Price</u>

#### **End of ITEMS AWARDED Section**

### **AWARD INFORMATION Section**

BCC Award: No DPM Award: No BCC Date: 10/02/2012 DPM Date: 08/20/2012

Contract Amount: \$ 4,627,500.00

Additional Items Allowed: By quote Agenda Item No.: 14A11

Special Conditions:

#### **BPO INFORMATION Section:**

ABCW1300030	1	
Commodity ID	Commodity Name	
475-41	GLOVES, DISPOSABLE, MEDICAL TYPE	
Department	Department Allocation	
AD	\$40,000.00	
AV	\$100,000.00	
CO	\$18,293.93	
CR	\$1,990,000.00	
FR	\$518,493.00	
JU	\$20,000.00	
ME	\$75,000.00	
MT	\$30,000.00	
PD	\$31,147.89	
PE02****	\$12,000.00	
PR	\$5,000.00	
PW	\$130,000.00	
WS	\$10,000.00	
ABCW1400395		
Commodity ID	Commodity Name	
475-41	GLOVES, DISPOSABLE, MEDICAL TYPE	
Department	Department Allocation	
CO	\$143,793.93	
FR	\$518,493.00	
PD	\$58,852.11	

# **End of BPO Information Section**